



640 Whiteville Road N PO Box 3198 Shallotte, NC 28459

www.atmc.net

June 27, 2016

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington DC 20554

RE:

WC Docket No. 14-58

2016 ETC Annual Report of Atlantic Telephone Membership Corporation

Study Area Code 230468

Dear Ms. Dortch:

Pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>, Atlantic Telephone Membership Corporation ('ATMC") files the attached confidential version of the FCC Form 481 ETC annual reporting information and attachments. ATMC seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information<sup>2</sup>. The redacted version is being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of ATMC's Five-Year Service Quality Improvement Plan Progress Report as required by Section 54.313(a)(1).<sup>3</sup>

Please direct any questions regarding the filing to me at 910-755-1782 or via email at <a href="mailto:lgraff@atmc.com">lgraff@atmc.com</a>.

Sincerely.

Laura Graff

Regulatory Manager

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket Nos. 10-90 and 14-58, Protective Order, DA 16-296 rel. March. 22, 2016 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>&</sup>lt;sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.313(a)(1).



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Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington DC 20554

RE:

WC Docket No. 14-58

2016 ETC Annual Report of Atlantic Telephone Membership Corporation

Study Area Code 230468 Request for Confidentiality

#### Dear Ms. Dortch:

Pursuant to sections 0.457 and 0.459 of the Commission's rules<sup>1</sup>, Atlantic Telephone Membership Corporation (the "Company") hereby requests withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section .0459(b).<sup>2</sup>

- 1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").<sup>3</sup>
- 2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan ("Progress Report") which is contained in the attachment to the 2016 Report.<sup>4</sup>
- 3. The information contained in the attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>&</sup>lt;sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>&</sup>lt;sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>4</sup> 47 C.F.R. § 54.313(a)(1).

- 4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance of the Company's network.
  - In its March 5, 2013 Order, the FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories." Accordingly, because the Company is a rate-of-return carrier, it must file a five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.
- 5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.

<sup>&</sup>lt;sup>5</sup> See Connect America Fund et al., WC Docket 10-90 et al., Order, DA 13-332 (rel. Mar. 5, 2013) ("March 5, 2013 Order") at para 9 citing Section 54.202(a) (1) (ii).

# Request for Confidentiality Page 3

- 6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
- 7. Any previous versions of this information are not publicly available.
- 8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- 9. Not applicable.

Based on the preceding, the Company respectfully requests that the Commission grant confidential treatment under Section 0.459 to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please direct any questions regarding the filing to me at 910-755-1782 or via email at lgraff@atmc.com.

Sincerely,

Laura Graff

Regulatory Manager

| FCC Foi | rm 481 - Carrier Annual Reporting<br>Data Collection Form                       |                     | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---------|---|---------------------|--|
| <010>   | Study Area Code   | 230468              |  |
| <015>   | Study Area Name   | ATLANTIC MEMBERSHIP |  |
| <020>   | Program Year  | 2017                |  |
| <030>   | Contact Name: Person USAC should contact with questions about this data         | Laura Graff         |  |
| <035>   | Contact Telephone Number:<br>Number of the person identified in data line <030> | 9107551782 ext.     |  |
| <039>   | Contact Email Address:<br>Email of the person identified in data line <030>     | lgraff@atmc.coop    |  |
|         | Form Type   | 54.313 and 54.422   |  |

|  | ervice Quality Improvement Reporting<br>Ollection Form   |  | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013       |
|--|--|--|--|
| <010> <015> <020> <030> <035> <039> <110>          | Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Has your company received its ETC certification from the FCC?   | 230468  ATLANTIC MEMBERSHIP 2017  Laura Graff 9107551782 ext.  lgraff@atmc.coop          | •  |
| <111><br><112>                                     | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?  If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.  | Report.  | m 481-2016 USAC LN 112 5YR Progress pdf, FCC Form 481-2016 USAC LN 112 Appendix df |
| <113><br><114><br><115><br><116><br><117><br><118> | Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received. How much (USF) was used to improve service quality, and how support was used to improve much (USF) was used to improve service coverage and how support was used to improve much (USF) was used to improve service capacity and how support was used to improve much (USF) was used to improve service capacity and how support was used to improve an explanation of network improvement targets not met in the prior calendar year. | e-year be  Yes Yes ove service quality prove service coverage prove service capacity Yes |  |

| (200) Service Outage Reporting (Voice)  Data Collection Form  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |  |  |
|---|--|--|
|   | (200) Service Outage Reporting (Voice) | FCC Form 481   |
|   | Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| Data Coll | ection Form   |                                  |                  |                  |                   |                    |                              |                        |                                    | 2013                      | -0986/OIVIB CONTROLIN        | 0. 3060-0819               |
|-----------|---------------|----------------------------------|------------------|------------------|-------------------|--------------------|------------------------------|------------------------|------------------------------------|---------------------------|------------------------------|----------------------------|
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
| <010>     | Study Area Co | de                               |                  |                  |                   | 230468             |                              |                        |                                    |                           |                              |                            |
| <015>     | Study Area Na | dy Area Name ATLANTIC MEMBERSHIP |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
| <020>     | Program Year  |                                  |                  |                  |                   | 2017               |                              |                        |                                    |                           |                              |                            |
| <030>     | Contact Name  | - Person USA                     | C should contac  | t regarding this | s data            | Laura Graff        |                              |                        |                                    |                           |                              |                            |
| <035>     | Contact Telep | hone Number                      | - Number of pe   | rson identified  | in data line <0   | 30> 9107551782     | ext.                         |                        |                                    |                           |                              |                            |
| <039>     | Contact Email | Address - Ema                    | il Address of pe | erson identified | l in data line <0 | 30> lgraff@atmo    | .coop                        |                        |                                    |                           |                              |                            |
| <210>     | For the prior | calendar yea                     | ar, were there   | e any reportal   | ole voice serv    | ice outages?       | No                           |                        |                                    |                           |                              |                            |
| <220>     | <a></a>       | <b1></b1>                        | <b2></b2>        | <b3></b3>        | <b4></b4>         | <c1></c1>          | <c2></c2>                    | <d></d>                | <e></e>                            | <f></f>                   | <g></g>                      | <h></h>                    |
|           | NORS          |                                  |                  |                  |                   |                    |                              |                        |                                    | Did This Outage           |                              |                            |
|           | Reference     | _                                | Outage Start     | _                | _                 | Number of          |                              | 911 Facilities         | Service Outage                     | Affect Multiple           |                              |                            |
|           | Number        | Date                             | Time             | Date             | Time              | Customers Affected | Total Number of<br>Customers | Affected<br>(Yes / No) | Description (Check all that apply) | Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventative<br>Procedures |
|           |               |                                  |                  |                  |                   |                    | Customers                    | (fes / No)             | ан тпат арргу)                     | (Tes / NO)                | Resolution                   | Procedures                 |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |
|           |               |                                  |                  |                  |                   |                    |                              |                        |                                    |                           |                              |                            |

| (300) Unf | 300) Unfulfilled Service Request FCC Form 481                                 |                          |  |  |  |  |
|-----------|---|--------------------------|--|--|--|--|
| Data Coll | ection Form   |                          | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |  |
|           |   |                          |  |  |  |  |
| <010>     | Study Area Code   | 230468                   |  |  |  |  |
| <015>     | Study Area Name   | ATLANTIC MEMBERSHIP      |  |  |  |  |
| <020>     | Program Year  | 2017                     |  |  |  |  |
| <030>     | Contact Name - Person USAC should contact regarding this data                 | Laura Graff              |  |  |  |  |
| <035>     | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.          |  |  |  |  |
| <039>     | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop         |  |  |  |  |
| <300> U   | nfulfilled service request (voice)  | 0                        |  |  |  |  |
| <310> D   | etail on attempts (voice)   |                          |  |  |  |  |
|           | Name  | of Attached Document     |  |  |  |  |
| <320> l   | Unfulfilled service request (broadband)                                       | 0                        |  |  |  |  |
| <330>     | Detail on attempts (broadband)  |                          |  |  |  |  |
|           | • • •   | ame of Attached Document |  |  |  |  |

| (400) Number of Complaints per 1,000 customers | FCC Form 481   |
|--|--|
| Data Collection Form                           | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| <010> | Study Area Code 230468   |
|-------|--|
| <015> | Study Area Name ATLANTIC MEMBERSHIP  |
| <020> | Program Year 2017  |
| <030> | Contact Name - Person USAC should contact regarding this data  Laura Graff   |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 9107551782 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line lgraff@atmc.coop <030>   |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.       |
| <410> | Complaints per 1000 customers for fixed voice 0.0  |
| <420> | Complaints per 1000 customers for mobile voice   |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. |
| <440> | Complaints per 1000 customers for fixed broadband 0.0  |
| <450> | Complaints per 1000 customers for mobile broadband   |

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|       | mpliance With Service Quality Standards and Consumer Protection Rules<br>lection Form |                 | FCC Foi<br>OMB C<br>July 20:            | Control No. 3060-0986/OMB Control No. 3060-0819 |
|-------|---|-----------------|---|---|
| <010> | Study Area Code   | 230468          |   |   |
| <015> | Study Area Name   | ATLANTIC MEME   | ERSHIP                                  |   |
| <020> | Program Year  | 2017            |   |   |
| <030> | Contact Name - Person USAC should contact regarding this data                         | Laura Graff     |   |   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>             | 9107551782 e    | xt.                                     |   |
| <039> | Contact Email Address - Email Address of person identified in data line <030>         | lgraff@atmc.    | coop                                    |   |
| <500> | Certify compliance with applicable service quality standards and consumer pro-        | otection rules  | Yes                                     |   |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Ru           | ules Compliance | FCC Form 481-2016 USAC LN 510 Service Q | quality Certification.pdf                       |

Page 7

| (600) | Functionality in Emergency Situations   | FCC Form 481   |  |  |
|-------|---|--|--|--|
| Data  | Collection Form   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|       |   |  |  |  |
| <010  | > Study Area Code   | 230468   |  |  |
| <015  | > Study Area Name   | ATLANTIC MEMBERSHIP  |  |  |
| <020  | > Program Year  | 2017   |  |  |
| <030  | > Contact Name - Person USAC should contact regarding this data                 | Laura Graff  |  |  |
| <035  | > Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.  |  |  |
| <039  | > Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop   |  |  |
| <600> | Certify compliance regarding ability to function in emergency situations        | Yes  |  |  |
| <610> | Descriptive document for Functionality in Emergency Situations                  | FCC Form 481-2016 USAC LN 610 Emergency Certification.pdf        |  |  |
|       |   |  |  |  |

|       | ice Offerings including Voice Rate Data<br>Ilection Form   |                             | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013 |
|-------|--|-----------------------------|--|
| <010> | Study Area Code  | 230468                      |  |
| <015> | Study Area Name  | ATLANTIC MEMBERSHIP         |  |
| <020> | Program Year   | 2017                        |  |
| <030> | Contact Name - Person USAC should contact regarding this data  | Laura Graff                 |  |
| <035> | Contact Telephone Number - Number of person identified in data I   | ine <030> 9107551782 ext.   |  |
| <039> | Contact Email Address - Email Address of person identified in data   | line <030> lgraff@atmc.coop |  |
|       | Residential Local Service Charge Effective Date  1/1/2016 Single State-wide Residential Local Service Charge  11.0 |                             |  |

| <703> | <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                       |
|-------|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
|       |           |                 |            |           | Residential Local |                              |                             | Mandatory Extended Area |                               |
|       | State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
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|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           | Soo of            | tached worksheet             |                             |                         |                               |
|       |           |                 |            |           | See at            | <del>lacheu Worksheet</del>  |                             |                         |                               |
|       |           |                 |            |           | <u></u>           |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 |            |           |                   |                              |                             |                         |                               |
|       |           |                 | I .        |           |                   |                              |                             |                         | 1                             |

| (710) Broadbrand Price Offerings | FCC Form 481  |
|----------------------------------|---|
| Data Collection Form             | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                  | July 2013   |

| <010> | Study Area Code   | 30468               |
|-------|---|---------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>        | <b2></b2>                  | <c></c>             | <d1></d1>                                       | <d2></d2>                                  | <d3></d3>               | <d4></d4>   |
|-------|-----------|-----------------|------------------|----------------------------|---------------------|---|--|-------------------------|---|
|       | State     | Exchange (ILEC) | Residential Rate | State Regulated<br>Fees    | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached {select } |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  | - See attac<br>worksheet - | hed                 |   |  |                         |   |
|       |           |                 |                  | worksneet -                |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  | _                          | _                   |   |  |                         | -   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |
|       |           |                 |                  |                            |                     |   |  |                         |   |

| (800) Operating Companies | FCC Form 481  |
|---------------------------|---|
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                           | July 2013   |
|                           |   |

| <010> | Study Area Code         |   | 230468              |
|-------|-------------------------|---|---------------------|
| <015> | Study Area Name         |   | ATLANTIC MEMBERSHIP |
| <020> | Program Year            |   | 2017                |
| <030> | Contact Name - Person   | USAC should contact regarding this data               | Laura Graff         |
| <035> | Contact Telephone Num   | nber - Number of person identified in data line <030> | 9107551782 ext.     |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> | lgraff@atmc.coop    |
|       |                         |   |                     |
| <810> | Reporting Carrier       | Atlantic Telephone Membership Corporation             |                     |
| <811> | Holding Company         | Atlantic Telephone Membership Corporation             |                     |
| <812> | Operating Company       | Atlantic Telephone Membership Corporation             |                     |

| <813> | <a1></a1>  | <a2></a2>    | <a3></a3>                                      |
|-------|------------|--------------|--|
|       | Affiliates | SAC          | Doing Business As Company or Brand Designation |
| -     |            |              |  |
| -     |            |              |  |
| -     |            |              |  |
| -     | See atta   | ached worksh | et   |
| -     |            |              |  |
| -     |            |              |  |
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|       |            |              |  |

|   | bal Lands Reporting<br>lection Form   |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|---|---|--|
| <010><br><015><br><020><br><030><br><035><br><039><br><900> | Study Area Code  Study Area Name  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  Does the filling entity offer tribal land services? (Y/N)  Tribal Land(s) on which ETC Serves  | 230468 ATLANTIC MEMBERSHIP 2017 Laura Graff 9107551782 ext. lgraff@atmc.coop No |  |
| -   | Tribal Government Engagement Obligation company serves Tribal lands, please select (Yes,No, NA) for each these boxes  | Name of Attach  | ned Document   |
| demons  | rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:   | Select Yes or No or Not Applicable  |  |
| <921> <922> <923> <924> <925> <926> <927> <928> <927> <928> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements. |   |  |

|           |  |       | 1 050  |
|-----------|--|-------|--|
|           | pice and Broadband Service Rate Comparability                                |       | FCC Form 481   |
| Data Coll | ection Form  |       | OMB Control No. 3060-0986/OMB Control No. 3060-0819  |
|           |  |       | July 2013  |
|           |  |       |  |
| <010>     | Study Area Code  |       | 230468   |
| <015>     | Study Area Name  |       | ATLANTIC MEMBERSHIP  |
| <020>     | Program Year   |       | 2017   |
| <030>     | Contact Name - Person USAC should contact regarding this data                |       | Laura Graff  |
| <035>     | Contact Telephone Number - Number of person identified in data line <        | <030> | 9107551782 ext.  |
| <039>     | Contact Email Address - Email Address of person identified in data line      | <030> | lgraff@atmc.coop   |
| <1000>    | Voice services rate comparability certification                              | Yes   | s  |
| <1010>    | Attach detailed description for voice services rate comparability compliance |       |  |
|           |  |       | Name of Attached Document  |
| <1020>    | Broadband comparability certification  |       | s - Pricing is no more than the most recent applicable benchmark announced by<br>e Wireline Competition Bureau |
| <1030>    | Attach detailed description for broadband comparability compliance           |       |  |
|           |  |       | Name of Attached Document  |

|        | o Terrestrial Backhaul Reporting<br>lection Form   |                     | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013 |
|--------|--|---------------------|--|
| <010>  | Study Area Code  | 230468              |  |
| <015>  | Study Area Name  | ATLANTIC MEMBERSHIP |  |
| <020>  | Program Year   | 2017                |  |
| <030>  | Contact Name - Person USAC should contact regarding this data  | Laura Graff         |  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>  | 9107551782 ext.     |  |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>  | lgraff@atmc.coop    |  |
| <1100> | Certify whether terrestrial backhaul options exist (Y/N)   | Yes                 |  |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps                |  |

| Lifeline  | rms and Condition for Lifeline Customers<br>ection Form   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------|---|--|
| <010>     | Study Area Code   | 224.52   |
| <015>     | Study Area Code Study Area Name   | 230468   |
| <020>     | Program Year  | ATLANTIC MEMBERSHIP  |
| <030>     | Contact Name - Person USAC should contact regarding this data   | 2017   |
| <035>     | Contact Telephone Number - Number of person identified in data line <030>   | Laura Graff  |
| <039>     | Contact Freephone Number - Number of person identified in data line <0302   |  |
| <039>     | Contact Email Address - Email Address of person identified in data line <030.   | lgraff@atmc.coop   |
| <1210>    | Terms & Conditions of Voice Telephony Lifeline Plans  |  |
|           |   | Name of Attached Document  |
| <1220>    | Link to Public Website HTTP   | www.atmc.net   |
| or the we | neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: |  |
| <1221>    | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,   |  |
| <1222>    | Details on the number of minutes provided as part of the plan,  |  |
| <1223>    | Additional charges for toll calls, and rates for each such plan.  |  |

| (2000) Pric | e Cap Carrier Additional Documentation<br>ction Form  |                    |                                   | Form 481<br>8 Control No. 3060-0986/OMB Control No. 3060-0819 |
|-------------|---|--------------------|-----------------------------------|---|
| Including R | ate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  |                    | July                              | 2013  |
| <010>       | Study Area Code   | 30468              |                                   |   |
|             | study rifed code  | FLANTIC MEMBERSHIP |                                   |   |
|             | stady rated ratine  | 017                |                                   |   |
|             |   | ura Graff          |                                   |   |
|             |   | 107551782 ext.     |                                   |   |
| <039>       | Contact Email Address - Email Address of person identified in data line <030> 19  | graff@atmc.coop    |                                   |   |
|             | e appropriate responses below (Yes, No, Not Applicable) to note connect America Phase II support as set forth in 47 CFR § 54.313(b),(c) |                    |                                   |   |
| ı           | ncremental Connect America Phase I reporting  |                    |                                   |   |
| <2010>      | 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note th   | at for the July 1  |                                   |   |
|             | 2016 certification, this applies to Round 2 recipients of   | •                  |                                   |   |
|             | Support   |                    |                                   |   |
| 12011       | • •   | a                  |                                   |   |
| <2011>      |   | •                  |                                   |   |
|             | 2016 certification, this applies to Round 1 recipients of   | Incremental        |                                   |   |
|             | Support   |                    |                                   |   |
| <2022>      | Recipient certifies, representing year two after filing a n   | otice of           |                                   |   |
|             | acceptance of funding pursuant to 54.312(c), that the lo  |                    |                                   |   |
|             | question are not receiving support under the Broadban   |                    |                                   |   |
|             | Program or the Broadband Technology Opportunities Pr  |                    |                                   |   |
|             |   |                    |                                   |   |
|             | projects that will provide broadband with speeds of at l  |                    |                                   |   |
|             | Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.  |                    |                                   |   |
| <2023>      | The attachment on line 2024 includes a statement of th  | e total amount of  |                                   |   |
|             | capital funding expended in the previous year in meetin   | g Connect          |                                   |   |
|             | America Phase I deployment obligations, accompanied   | _                  |                                   |   |
|             | blocks indicating where funding was spent. This covers  |                    |                                   |   |
|             | <u> </u>  | year two -         |                                   |   |
|             | 54.313(b)(2)(ii). Round 2 recipients only.  |                    |                                   |   |
| <2024A      | > Round 2 Recipient of Incremental Support?   |                    |                                   |   |
|             |   |                    |                                   |   |
| <2024B      | > Attach list of census blocks indicating where funding wa  | is spent in year   | Name of Attached Document Listing |   |
| \20240      | two - 54.313(b)(2)(ii). Round 2 recipients only.  | is sperie in year  | Required Information              |   |
|             |   |                    | Required information              |   |
| <2025A      | > Round 1 or Round 2 Recipient of Incremental Support?  |                    |                                   |   |
|             |   |                    |                                   |   |
| <2025B      | > Attach geocoded Information for Phase I milestone repo  | orts (Round 1 for  | Name of Attached Document Listing |   |
| 120200      | year three and Round 2 for year two) - Connect America  |                    | Required Information              |   |
|             | · · · · · · · · · · · · · · · · · · ·   | arana, wc          | negativa information              |   |
|             | Docket 10-90, Report and Order, FCC 13-   |                    |                                   |   |
|             |   |                    |                                   |   |
| <2015>      | 2016 and future Frozen Support Certification 47 CFR § 5   | 4.313(c)(4)        |                                   |   |

| Data Collection For | arrier Additional Documentation (Continued)<br>rm<br>eturn Carriers affiliated with Price Cap Local Exchange Carriers  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |  |
|---------------------|--|--|--|--|
| <2016>              | Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband t America Phase II Reporting {47 CFR § 54.313(e)}   |  |  |  |
|                     | Connect America Fund Phase II recipient?   |  |  |  |
| <2017B>             | Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price  | Name of Attached Document Listing Required Information                           |  |  |
| <2018>              | cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)   | Name of Attached Document Listing<br>Required Information                        |  |  |
| <2019>              | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v) |  |  |  |
| <2020>              | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)  |  |  |  |
| <2021>              | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)  |  |  |  |
| <2026>              | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)  |  |  |  |
| <2027>              | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)   |  |  |  |

| (3005) Rate Of Return Carrier Additional Documentation | FCC Form 481  |
|--|---|
| Data Collection Form                                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code   | 230468              |
|-------|---|---------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| (3009)  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)  |                                      |              |                |   |
|---------|---|--------------------------------------|--------------|----------------|---|
| (3010A) | Milestone Certification {47 CFR § 54.313(f)(1)(i)}  | Y                                    | es - At      | tach Certific  | ation   |
| (3010A) | Wilestone Certification (47 Crit § 54.515(1)(1)(1)  |                                      |              |                | FCC Form 481-2016 USAC LN 3010 Milestone<br>Certification.pdf |
| (3010B) | Please Provide Attachment   | Name of Attached Docu<br>Information | ument Lis    | sting Required |   |
| (3012A) | •   | Yes - Attach New Comm                | unity Ar     | nchors         |   |
| (3012B) | 54.313(f)(1)(ii)} Please Provide Attachment   | Name of Attached Docu                | ument Lis    | sting Required | FCC Form 481-2016 USAC LN 3012 Comm Anchor Inst<br>Report.pdf |
| (3013)  | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}  | Information<br>(Yes/No)              | •            | 0              |   |
| (3014)  | If yes, does your company file the RUS annual report  | (Yes/No)                             | lacktriangle | O              |   |
| (3015)  | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)                                |                                      |              | V              |   |
| (3016)  | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows  |                                      | L            | V              | FCC Form 481-2016 USAC LN 3017 RUS Report.pdf                 |
| (3017)  | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation   | Name of Attached Docu<br>Information | ument Lis    | sting Required |   |
| (3018)  | If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line   | (Yes/No)                             | 0            | 0              |   |
| (3019)  | 3026 pursuant to § 54.313(f)(2), contains:<br>Either a copy of their audited financial statement; or<br>(2) a financial report in a format comparable to RUS<br>Operating Report for Telecommunications Borrowers   |                                      |              |                |   |
| (3020)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   |                                      |              |                |   |
| (3021)  | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: |                                      |              |                |   |
| (3022)  | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers  |                                      |              |                |   |
| (3023)  | Underlying information subjected to a review by an independent certified public accountant  |                                      |              |                |   |
| (3024)  | Underlying information subjected to an officer certification.   |                                      |              |                |   |
| (3025)  | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows   |                                      |              |                |   |
| (3026)  | Attach the worksheet listing required information   | Name of Attached Docu<br>Information | ument Lis    | sting Required |   |

| (3005) Rate Of Return Carrier Additional Documentation (Continued) | the compact office of the compact of |
|--|--|
|  | FCC Form 481   |
| Data Collection Form   | OMB Control No. 3060-0986/OMB Control No. 3060-0819  |
|  | July 2013  |

| <010> | Study Area Code   | 230468              |
|-------|---|---------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |
|       |   |                     |

### Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

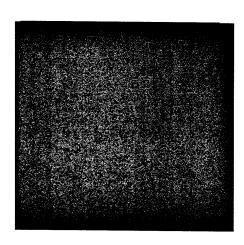
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



Page 19

| (4005) Rural Broadband Experiment Additional Documentation Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|---|---|
|   | July 2013   |

| <010> | Study Area Code   | 230468                     |
|-------|---|----------------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP        |
| <020> | Program Year  | 2017                       |
| <030> | Contact Name - Person USAC should contact regarding this data         | Laura Graff                |
| <035> | Contact Telephone Number - Number of person identified in data li     | ne <030> 9107551782 ext.   |
| <039> | Contact Email Address - Email Address of person identified in data li | ine <030> lgraff@atmc.coop |

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

# If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

| <b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.               | Name of Attached Document Listing Required Information |  |
|--|--|--|
| Broadband Deployment Locations – FCC 14-98 (par  | ragraph 80)  |  |
| <b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.                            | Name of Attached Document Listing Required Information |  |
| <b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband | Name of Attached Document Listing Required Information |  |

| Certification - Reporting Carrier | FCC Form 481  |
|-----------------------------------|---|
| Data Collection Form              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                   | July 2013   |

| <010> | Study Area Code   | 230468              |
|-------|---|---------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: ATLANTIC MEMBERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2016

Printed name of Authorized Officer:  $^{ ext{Kim}}$  Edwards

Title or position of Authorized Officer: Vice President, Accounting & Finance

Telephone number of Authorized Officer: 9107551785 ext.

Study Area Code of Reporting Carrier: 230468 Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

|       | ion - Agent / Carrier<br>ection Form  |                     | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|---------------------|--|
| <010> | Study Area Code   | 230468              |  |
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |  |
| <020> | Program Year  | 2017                |  |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |  |

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Date:                                 |
|---------------------------------------|
| · · · · · · · · · · · · · · · · · · · |
|                                       |
|                                       |
| :                                     |
| :                                     |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent                                    | t Authorized to File Annual Reports for CAF or LI Recipion   | ents on Behalf of Reporting Carrier                                 |
|---|--|---|
|   | thorized to submit the annual reports for universal service suppor<br>e reporting carrier; and, to the best of my knowledge, the informa |   |
| Name of Reporting Carrier:                                |  |   |
| Name of Authorized Agent Firm:                            |  |   |
| Signature of Authorized Agent or Employee of Agent:       |  | Date:   |
| Name of Authorized Agent Employee:                        |  |   |
| Title or position of Authorized Agent or Employee of Ager | nt   |   |
| Telephone number of Authorized Agent or Employee of A     | agent:   |   |
| Study Area Code of Reporting Carrier:                     | Filing Due Date for this form:   |   |
| Persons willfully making false statements on this for     | m can be punished by fine or forfeiture under the Communications Act of<br>18 of the United States Code, 18 U.S.C. § 1001.               | 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title |

Attachments

# **REDACTED - FOR PUBLIC INSPECTION**

# **Atlantic Telephone Membership Corporation (SAC 230468)**

# **ATTACHMENT - LINE 112**

# ATTACHMENT REDACTED IN ENTIRETY

# Atlantic Telephone Membership Corporation's Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection rules:

In establishing this certification in its 2005 ETC Order,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." <sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Atlantic Telephone Membership Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law. These obligations include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>&</sup>lt;sup>2</sup> *Id.* at para. 28.

<sup>&</sup>lt;sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

# **Atlantic Telephone Membership Corporation's**

# **Demonstration of Ability to Function in Emergency Situations:**

Atlantic Telephone Membership Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

| (700) Price Offerings including Voice Rate Data | FCC Form 481  |
|---|---|
| Data Collection Form                            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|   | July 2013   |

| <010> | Study Area Code   | 230468              |
|-------|---|---------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |

 <701> Residential Local Service Charge Effective Date
 1/1/2016

 <702> Single State-wide Residential Local Service Charge
 11.0

<703>

| <a1></a1> | <a2></a2>            | <a3></a3>   | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                       |
|-----------|----------------------|---|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| <q1></q1> | <d2></d2>            | <d32< th=""><th>&lt;01&gt;</th><th>Residential Local</th><th>&lt;032</th><th>&lt;042</th><th>Mandatory Extended Area</th><th></th></d32<> | <01>      | Residential Local | <032                         | <042                        | Mandatory Extended Area |                               |
| State     | Exchange (ILEC)      | SAC (CETC)  | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
| NC        | Bolivia              |   | FR        | 11.0              | 0.0                          | 0.0                         | 0.0                     | 11.0                          |
| NC        | Boiling Springs Lake |   | FR        | 11.0              | 0.0                          | 0.0                         | 0.0                     | 11.0                          |
| NC        | Holden Beach         |   | FR        | 11.0              | 0.0                          | 0.0                         | 0.0                     | 11.0                          |
| NC        | Longwood             |   | FR        | 11.0              | 0.0                          | 0.0                         | 0.0                     | 11.0                          |
| NC        | Seaside              |   | FR        | 11.0              | 0.0                          | 0.0                         | 0.0                     | 11.0                          |
| NC        | Shallotte            |   | FR        | 11.0              | 0.0                          | 0.0                         | 0.0                     | 11.0                          |
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# (710) Broadband Price Offerings Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

| <010> | Study Area Code   | 230468              |
|-------|---|---------------------|
| <015> | Study Area Name   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lgraff@atmc.coop    |

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>           | <b2></b2>               | <c> <d1></d1></c>       | <d2></d2>      | <d3></d3>                                 |                      | <d4></d4>                          |
|-------|-----------|-----------------|---------------------|-------------------------|-------------------------|----------------|---|----------------------|------------------------------------|
|       | State     | Exchange (ILEC) | Residential<br>Rate | State Regulated<br>Fees | Total Rates<br>and Fees | Download Speed | Broadband Service<br>-Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance<br>Action Taken    |
|       |           |                 |                     |                         |                         | (Mbps)         |   |                      | When Limit Reached (select)        |
|       | NC        | ALL             | 49.95               | 0.0                     | 49.95                   | 6.0            | 0.512                                     | 999999.0             | Other, No limit on usage allowance |
|       | NC        | ALL             | 56.95               | 0.0                     | 56.95                   | 15.0           | 3.0                                       | 999999.0             | Other, No limit on usage allowance |
|       | NC        | ALL             | 66.95               | 0.0                     | 66.95                   | 30.0           | 5.0                                       | 999999.0             | Other, No limit on usage allowance |
|       | NC        | ALL             | 79.95               | 0.0                     | 79.95                   | 50.0           | 5.0                                       | 999999.0             | Other, No limit on usage allowance |
|       | NC        | ALL             | 95.95               | 0.0                     | 95.95                   | 100.0          | 20.0                                      | 999999.0             | Other, No limit on usage allowance |
|       | NC        | ALL             | 114.95              | 0.0                     | 114.95                  | 1000.0         | 100.0                                     | 999999.0             | Other, No limit on usage allowance |
|       |           |                 |                     |                         |                         |                |   |                      |                                    |
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| (800) Operating Companies | FCC Form 481  |
|---------------------------|---|
| Data Collection Form      | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                           | July 2013   |

| <010> | Study Area Code   |   | 230468              |
|-------|---|---|---------------------|
| <015> | Study Area Name   |   | ATLANTIC MEMBERSHIP |
| <020> | Program Year  |   | 2017                |
| <030> | Contact Name - Person USAC should contact regarding this data                 |   | Laura Graff         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     |   | 9107551782 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> |   | lgraff@atmc.coop    |
|       |   |   |                     |
| <810> | Reporting Carrier   | Atlantic Telephone Membership Corporation |                     |
| <811> | Holding Company   | Atlantic Telephone Membership Corporation |                     |
| <812> | Operating Company   | Atlantic Telephone Membership Corporation |                     |

| <813> | <a1></a1>                                     | <a2></a2> | <a3></a3>                                      |
|-------|---|-----------|--|
|       | Affiliates                                    | SAC       | Doing Business As Company or Brand Designation |
| -     | Atlantic Seawinds Communications, LLC         |           | ATMC Wireless                                  |
| _     | Atlantic Telecom Multimedia Consolidated, LLC |           | ATMC   |
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# **Atlantic Telephone Membership Corporation (SAC 230468)**

# Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Atlantic Telephone Membership Corporation hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time. If a request for broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream is unreasonable, and offering broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream is reasonable, Atlantic Telephone Membership Corporation offers broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream.

Atlantic Telephone Membership Corporation FRN 0001951144 / SAC 230468 FCC Form 481 Item 3012 - Community Anchor Institutions

Total Number of Anchor Institutions

101

| Community Anchor Institution Name | Туре  | Address | City | St | Zip  |
|-----------------------------------|-------|---------|------|----|------|
| Community Anchor moderation Name  | 1,700 | Address | City | 31 | Z.IP |
|                                   |       |         |      |    |      |
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Atlantic Telephone Membership Corporation FRN 0001951144 / SAC 230468 FCC Form 481 Item 3012 - Community Anchor Institutions

**Total Number of Anchor Institutions** 

101

| Community Anchor Institution Name | Туре | Address | City | St | Zip |
|-----------------------------------|------|---------|------|----|-----|
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# **REDACTED - FOR PUBLIC INSPECTION**

# ATLANTIC TELEPHONE MEMBERSHIP CORPORATION (SAC 230468)

**ATTACHMENT - LINE 3017** 

ATTACHMENT REDACTED IN ENTIRETY